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APPLICANTS

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** CONTINUING DATA ***** *plus*** FOREIGN APPLICATIONS ***** *plus*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 06/22/2001

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 3	TOTAL CLAIMS 17	INDEPENDENT CLAIMS 2
Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Examiner's Signature _____		Initials _____			

ADDRESS

Averill & Varn
 8244 Painter Ave.
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TITLE

Back support apparatus for use with a backpack

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
RECEIVED 355		<input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit